

State of Wisconsin Higher Educational Aids Board

TECHNICAL EXCELLENCE SCHOLARSHIP NOMINATING SCHOOL

AES: (608) 267-2213 HEAB: (608) 267-2206 FAX: (608) 267-2808 Scott Walker Governor

John Reinemann Executive Secretary

P.O. Box 7885, Madison, WI 53707-7885 E-Mail: <u>HEABmail@wi.gov</u> Web Page: <u>www.heab.state.wi.us</u>

SCHOOL NAM	E	
Street Addi	RESS	
City, State, 2	ZIP	
Contact Na	ME	
Email		
TELEPHONE		
ENROLLMEN	T	
# OF ELIGIBLE		
AWARDS	4WARDS	
considered final	complete, this will also delay awarding and processing of until confirmed by a HEAB form mailed to the student. It that each student named on this form meets the ements as defined under section 20.235 (1)(fw)	the Technical Excellence Scholarship
Signat	ure of School Representative	Date
Email	Address	Telephone
Confu	rm Email Address	
Schoo	l District	



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TECHNICAL EXCELLENCE SCHOLARSHIP RECIPIENTS FIRST RECIPIENT SECOND RECIPIENT THIRD RECIPIENT □ Ms. \square Ms. □ Ms. NAME □ Mr. \square Mr. \square Mr. Home Address Home Phone EMAIL ADDRESS ARE YOU USING Yes No HEAB'S No Yes Yes No CRITERIA? **ELIGIBILITY** 1 5 5 7 1 3 3 7 1 5 3 7 **ITEMS** 8 2 4 6 2 4 6 8 2 8 4 6 **COMPLETED** Predicted COLLEGE

Collection of the above information is a requirement of Statute 20.235 (1)(fw). Personally identifiable information is used only for validation purposes, and shall not be released without written permission. Please note that if any other information is incomplete, this will also delay awarding and processing of the scholarship. No award should be considered final until confirmed by a HEAB form mailed to the student.

□ I attest that each student named on this form meets the Technical Excellence Scholarship requirements as defined under section 20.235 (1)(fw), Wisconsin Statutes.

Signature of School Representative

Date

Email Address

Telephone

School District